



# Welcome to Nebraska Total Care

*Better Health Outcomes, Lower Costs.™*

# Presentation Outline

- Company Overview
- Contracting and Credentialing
- Provider Relations
- Website and Secure Portal Tools
- Medical Management
- Utilization Management
- Questions

# Overview of Nebraska Total Care

- Nebraska Total Care is a Managed Care Organization (MCO) that provides health insurance to Nebraska residents enrolled in the TANF, CHIP, ABD (duals & non-duals).
- Local presence is backed by a nationally recognized MCO: Centene Corporation.
- Expertise in serving low-income populations.
- Providing benefit coverage in all 93 counties.
- Will have over 200 employees located in Omaha, Lincoln, and Scottsbluff.



# Overview of Nebraska Total Care

Nebraska Total Care covers, at a minimum, those core benefits and services specified in our Agreement with Nebraska DHHS and defined in the, administrative rules, and Department policies and procedure handbook.

All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

All Out of Network (Non-Par) services require prior authorization, excluding family planning, emergency room, and table top x-ray.

Use the *Pre-Auth Required?* Tool at [NebraskaTotalCare.com](https://NebraskaTotalCare.com) to quickly determine if a specific service requires authorization.

# Our Approach and Goals

Our overarching goal is to help each and every Nebraska Total Care member achieve the highest possible levels of wellness, functioning, and quality of life, while demonstrating positive clinical results.

## Integrated care

- Strong support for the integration of both physical and behavioral health services
- Assisting members in achieving optimum health, functional capability, and quality of life

## Coordination of Care

- Assist members with locating a Provider
- Coordinate requests for out-of-network providers by determining need/access issues involved

## Continuity of Care

- Continuity of personal relationships, recognizing that an ongoing relationship between patients and providers is the foundation that connects care over time and bridges discontinuous events
- Continuity of clinical management

# Contracting and Credentialing



## Contents of Provider Contracting Packet:

- Welcome letter
- Participating Provider Agreement
- Marketing pieces
- Provider Data Form
- Disclosure of Ownership Form

# Contracting and Credentialing



Any willing provider – robust network and best possible access

Components of agreement:

- Standard language
- State-mandated language
- Rate exhibit(s)
- Delegated credentialing agreement (DCA)

# Credentialing

## Typical Credentialing Elements for a Practitioner

- Application
- Attestation
- Hospital Privileges
- Work History
- Licensure
- Board Certification
- Education
- Sanctions Checking
- Malpractice Settlements
- Liability Coverage
- DEA Certificate
- CLIA Certificate



The image displays a stack of various credentialing forms and documents, illustrating the typical elements for a practitioner. The forms include:

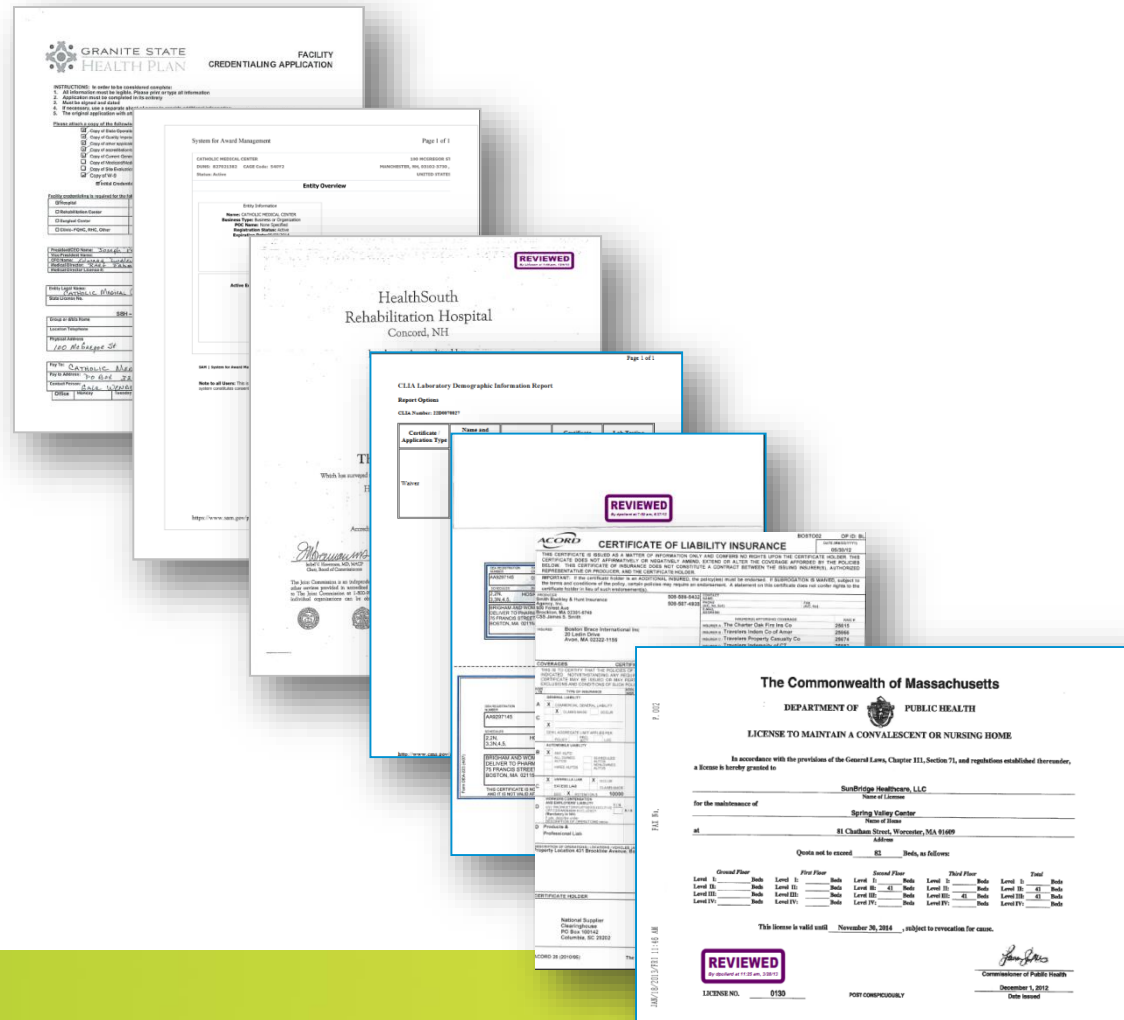
- Provider Application**: A form for submitting a provider application, including sections for personal information, education, and licensure.
- KSBHA Search**: A search form for the Kansas State Board of Health, including fields for name, address, and contact information.
- ABMS Board Certification Credentials Profile**: A form for submitting board certification credentials, including fields for name, address, and contact information.
- EPLS**: A form for submitting education and training information, including fields for name, address, and contact information.
- Missouri Department of Health and Senior Services**: A form for submitting licensure information, including fields for name, address, and contact information.
- DataBank**: A form for submitting data, including fields for name, address, and contact information.
- NPPE**: A form for submitting information, including fields for name, address, and contact information.



# Credentialing

## Typical Credentialing Elements for an Organization

- Application
- Attestation
- Proof of Accreditation or CMS Audit
- Liability Coverage
- Sanctions Checking
- Licensure
- CLIA Certificate
- DEA/CSR Certificate



# Contracting and Credentialing Contact Information

Phone: 1-855-688-6589

Email: [networkmanagement@nebraskatotalcare.com](mailto:networkmanagement@nebraskatotalcare.com)

Fax at 1-844-536-2997



*Better Health Outcomes, Lower Costs.™*

# Provider Relations

**Nebraska Total Care's** Member/Provider Services department includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network Status
- Claims
- Request for adding/deleting physicians to an existing group

By calling **Nebraska Total Care's** Member/Provider Services number at 1-844-385-2192\*, providers will be able to access real-time assistance for all their service needs.

\*This number is not yet functional but will be active when the plan goes live. In the meantime, providers can call 1-855-688-6589 with any questions about Contracting and Credentialing.

# Provider Relations

Each provider will have a **Nebraska Total Care's** Provider Network Specialists assigned to them. This team serves as the primary liaison between the Plan and our provider network and is responsible for:

- Provider Education
- HEDIS/Care Gap Reviews
- Financial Analysis
- Assisting Providers with EHR Utilization
- Demographic Information Update
- Initiate credentialing of a new practitioner
- Facilitate to inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Membership/Provider roster questions
- Assist in Provider Portal registration and Payspan

# Website and Secure Portal Tools



# Web-Based Tools

## Web-Based Tools

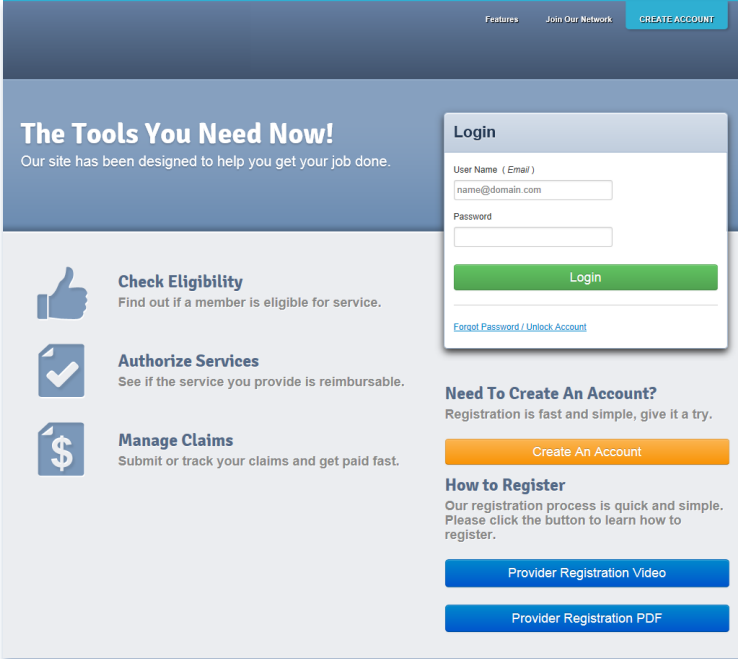
- Public site at **[www.nebraskatotalcare.com](http://www.nebraskatotalcare.com)**
  - Provider Information for Medical Services
  - Provider Manual and Billing Manual
  - Prior Authorization Code Checker
  - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms etc...
  - Clinical Practice Guidelines
  - Provider Newsletters and Announcements
  - Plan News
  - Find a Provider
- Nebraska Total Care is committed to enhancing our web-based tools and technology; Provider suggestions are always welcome.
- Contact Provider Services at 1-844-385-2192\*

\*This number is not yet functional but will be active when the plan goes live. In the meantime, providers can call 1-855-688-6589 with any questions about Contracting and Credentialing.

# Secure Provider Portal

- **Secure Provider Portal:**
  - Member Eligibility & Patient Listings
  - Health Records & Care Gaps
  - Authorizations
  - Claims Submissions & Status
  - Corrected Claims & Adjustments
  - Payments History
  - Monthly PCP Cost Reports

**Registration is free and easy,  
contact your Provider Network  
Specialist to get started!!!**



The screenshot displays the Secure Provider Portal interface. At the top, there are navigation links for 'Features', 'Join Our Network', and a 'CREATE ACCOUNT' button. The main heading is 'The Tools You Need Now!' with a subtext: 'Our site has been designed to help you get your job done.' Below this, there are three service tiles: 'Check Eligibility' (with a thumbs up icon), 'Authorize Services' (with a checkmark icon), and 'Manage Claims' (with a dollar sign icon). To the right, there is a 'Login' form with fields for 'User Name (Email)' and 'Password', a 'Login' button, and a link for 'Forgot Password / Unlock Account'. Below the login form, there is a section titled 'Need To Create An Account?' with a 'Create An Account' button and a 'How to Register' section with links for 'Provider Registration Video' and 'Provider Registration PDF'.



# Secure Provider Portal

- Provider reports available on **Nebraska Total Care's** secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format.

## **Provider Reports include:**

- Patient List with HEDIS Care Gaps
- Emergency Room Utilization
- Rx Claims Report
- High Cost Claims

# Medical Management



- Utilization Management
  - Prior Authorizations
  - Concurrent Review
- Member Connections
- Quality
- Member Education

# Utilization Management



## Prior Authorization Requests

- Telephonic
- Fax
- Provider Portal

## Questions/Comments?

Contracting/Credentialing Phone Number:

Phone: 1-855-688-6589

*Thank You!*